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ABSTRACT

A program to establish and maintain a network of high-quality home care providers to serve Middle Tennessee was designed and implemented. The program consisted of onsite training for home care providers and a support system to promote their professional development. The onsite training was delivered through 2-hour visits during which trainers and home care providers toured the home care area and discussed provider-identified training needs. A support system consisting of a resource library, family home care newsletter, and network support group was created. Provider response to the onsite training has been extremely positive and the network support group has continued to meet. The plan has proved to be an excellent vehicle for training home care providers and fostering their continued professional growth and quality improvement. (The bibliography lists 13 references. Appended are the following: calendar plan for implementation activities; grant allocation; flyer for soliciting provider participants; provider profile and training needs self-assessment; home visit response; 2-hour training visit format; network directory of home care providers; postvisit questionnaire; newsletter; weekly written log; documentation of support group meeting; resource list of educational suppliers; and resource directory of local training and continuing education.) (MN)

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Establishing a Network of Quality Home Care Providers Through the Development and Implementation Of an On-site Training Program and Support System

by

Donna L. Murphy

Cohort 73E

A Practicum Report Presented to the
Master's Programs in Life Span Care and Administration
in Partial Fulfillment of the Requirements
for the Degree of Master of Science

NOVA SOUTHEASTERN UNIVERSITY

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Abstract

Establishing a network of quality home care providers through the development and implementation of an on-site training program and support system. Murphy, Donna L., 1996: Practicum Report, Nova Southeastern University, Master's Programs in Life Span Care and Administration. Descriptors: Family Home Child Care/Early Childhood Education/Preschool Curriculum/Young Children/Teacher Training/On-site Training/Network Group Support/Professional Development/Home Care Provider.

Economic development in Middle Tennessee has created a situation where the demand for child care, in particular for home care, far outweighs the supply. The quality of home care provider services is also at issue as there is no convenient and effective network for support and professional development. In response to the dual issues of an *inadequate supply* of *quality* home care providers, the author devised and executed a plan to establish a network of home care providers and created a foundation for continuous quality improvement and support. The first step in the strategy was the solicitation of home care provider participants followed by the development and implementation of an on-site training program and support system. Included in the support system was the creation of a resource library, the publication of a family home care newsletter and the formation of a network support group.

Provider response to on-site training and participation in a network support

group was extremely positive. The plan as implemented, proved to be an excellent vehicle for providing training for home care providers and laying a foundation for continued professional growth and quality improvement. Network participants to this date have continued to hold support group meetings. At the very least, the network was set up to be predominately self-sustaining, though some direction from an early childhood professional would further benefit the group. Appendices to this report include a sample of all forms developed for provider participation, program evaluation, provider feedback, training format, sample newsletter, network directory and the weekly written log.

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Chapter I

Introduction and Background

The setting in which the problem occurs

The practicum setting is a for profit, community-based child care center in the state of Tennessee. For the sake of clarity, the author capitalized the word center when referring to the Center of the practicum setting. The Center is owned and operated by the nation's largest provider of employer-sponsored child care (92 centers in 26 states). Employer-sponsored child care involves a company, usually with a minimum of 500 employees, subsidizing their own worksite child care center. The author's employer contracts with such companies to manage the workplace child development centers and works in partnership with employers and employees to create workplace family services. For an employer, workplace child care services result in employee recruitment and retention, higher productivity and stronger morale. Offering worksite child care improves a company's image, portraying the corporation as family friendly and family supportive. The employer dictates the hours, days and type of child care services. From the perspective of a program administrator, employer-sponsored child care centers benefit from a stable revenue base and a budget that affords a quality program. Parent/employee benefit in that they have access to subsidized high quality child care at or near their worksite with hours and days of operations tailored to their work schedule. Some

centers even provide care for mildly ill children.

The community-based child care Center of the practicum setting however, is the company's only non-employer sponsored program. Established in 1954, the Center was one of the first licensed child care centers in the state of Tennessee. Under the writer's leadership, the Center first achieved Accreditation from the National Academy of Early Childhood Programs, a division of the National Association of the Education of Young Children (NAEYC) in 1992. As a non-employer sponsored program, the Center has enjoyed greater latitude in adding and developing new programs, ideas and services. The Center has often been the test site for new equipment, accounting software, and training programs. One disadvantage of not having a corporate sponsor is a reliance on parent fees to cover the full cost of quality. After years of battling budget constraints and searching for alternate sources of additional revenue, the Center experimented with adding various services, all of which logically and feasibly fell under the umbrella of child care services. One added service the Center offers is a resource and referral (R&R) department that addresses child care resource and availability, providing corporations with up-to-date information within the state of Tennessee.

For corporations that are not ready or able to make the financial commitment for worksite child care, the R&R department is a viable, less expensive alternative for the corporation to aid their employees in their search for child care. Corporations contract with the R&R department to do a search for each of their employees who call the R & R 1-800 telephone number. The

employee specifies their child care needs during the intake interview. The R & R department then matches the criteria to the list of licensed child care providers inquiring about openings and availability. Usually within three days, at least three matches with availability are found and reported to the parent/employee. It is the parent's job to visit and determine for themselves which provider fits their needs. The more rural the area, the more often finding care that meets even modest criteria, can be frustrating and on occasion, fruitless.

The county of the practicum study is rural but has seen a tremendous growth in population and industry in recent years. Its current population, according to the County Chamber of Commerce, is 146,553, an increase of 30% since 1990. The average income is $30,878. The Department of Human Services (DHS), the licensing agency for the state of Tennessee, reports a total of 196 licensed child care providers for the county. DHS classifies them according to agency type designated in part by the maximum number of children the provider is legally allowed to serve. The four agency types and the maximum number of children a provider can serve is as follows:

Agency	max # children	#providers
Registered day care home	4	27
Family day care home	7	14
Group day care home	12	21
Day care center	999*	134

* Includes before and after care school age programs for public schools.

For the purpose of the practicum, the focus is on those providers who offer care in their homes. That group includes registered day care homes, family day care homes, group day care homes, and any unlicensed home care provider in this county.

The manufacturing plant of the practicum study employs 1,700 factory workers around the clock in three-eight hour shifts. It is a union plant, which means the factories must fulfill their obligation to union employees first, relocating employees to the area from out of state when job openings occur.

The student's role in the setting

Formerly a Center Director for the company, the writer now works as a Project Coordinator and substitutes for center administrative personnel. As a Project Coordinator, the writer directs child care services for large corporate events, conducts staff training, provides resource and referral services, and as previously mentioned, substitutes for center administrative personnel. As an early childhood advocate for ten years, the writer has served on local and state early childhood committees and boards, conducted workshops at state and local conferences, and serves as an NAEYC Validator. In addition to directing the Center for approximately five years, the writer has field tested center accounting software packages, set up office and computer systems and trained administrative personnel for the company's new centers. Previous Project Coordinator

assignments also included running a two-day child care event in a cornfield for more than 1,000 children. The writer has demonstrated problem solving skills in the day to day responsibilities of operating a child care center, supervising and scheduling staff, communicating with parents, overseeing program development, and helping the Center achieve NAEYC Accreditation.

It was in the role of Project Coordinator and through the resource and referral component that the practicum problem emerged. As stated earlier, the R & R department provides corporations who contract with them, with up-to-date information on child care resources and availability for their employees. One of these corporations expressed an interest in exploring a different avenue of meeting their employee's child care needs. The corporation, noting the scarcity and lack of quality of family day home care available in their area, set aside grant money for identifying potential home day care providers, and raising the level of quality care provided. The writer was given the authority and responsibility to carry out the client's request in conjunction with the practicum project.

Chapter II

The Problem

The problem statement

Tennessee has become a popular site for large manufacturing companies to build new factories. Since the early eighties, Tennessee has become home to such companies as Saturn, Nissan, Whirlpool, Bridgestone, and others. The manufacturing plants have located in rural communities with little to no existing infrastructure to support the influx of people each plant drew. Rural communities are particularly attractive to manufacturing plants in that land and labor costs are lower. Often, communities offer tax breaks and other incentives to attract companies that require large labor pools. As factories were built in the eighties, roads, schools and other obvious infrastructure took shape too. Perhaps the not so obvious staple to any workforce that employs both men and women is the need for child care. The demand for child care is further complicated by a labor force that works around the clock. These working parents then require child care services beyond the traditional ten-hour day. Moreover, employees relocating to an area are unlikely to have family nearby to aid them in caring for their children.

The most common form of child care in these rural communities is family day care homes. Fortunately, home care providers are more apt to be able to accommodate the non-traditional hours of factory employees. However, these

caregivers are the least likely to have support from or connection to early childhood professional groups or the necessary training to provide true quality care. Therefore, in terms of the practicum problem, what was at issue was an inadequate supply of acceptable child care that accommodates the employee needs of the client manufacturing corporation.

Documentation of the problem

R & R's experience bears witness to the practicum problem. In the 18 months that the client corporation has contracted with the R & R department, the search for child care has been frustrating for both R & R counselors and parents. Parents feel limited by the child care options and feel forced to take what care is available regardless if it meets their expectations of quality. Parents have expressed the concern of losing their job if their child care issues weren't resolved. R & R counselors also struggled with finding child care availability that met the parent's criteria for hours of operation. Thirty percent of the parents/employees who used the R & R service had work schedules that required evening care. Unfortunately, there are only three licensed child care providers out of 196 in the entire county that provide evening care and only two providers that offers service after midnight.

A follow up survey, conducted by the R & R service, of parent/employees who have used the service, also documents the practicum problem. In talking with

the parents who were unhappy with the referrals, three main reasons repeatedly surfaced.

1. Parents perceive the child care fees are more expensive than they can afford.
2. Parents were not happy with the quality of the home care provided.
3. There was little to no child care for evening hours.

In seeking child care, parents are more likely to desire care in someone's home over enrolling their children in a day care center, especially if the children are under the age of three (Clifford & Harms, 1989). Most parents of the client corporation too, prefer home care providers because of the smaller group size and extended hours. According to the R & R survey, 84% of the parents queried, said their first choice for child care would be near their home and second choice being near work. A survey of providers reports an average weekly fee of $65-$85 per week with an occupancy rate of nearly 70%.

A variety of other sources document the existence of the practicum problem. Verification comes from The Tennessean newspaper, the Tennessee Department of Human Services, the Chairman of the Governor's Task Force on Child Care, and finally the client corporation itself. A recent article in The Tennessean, titled "Day Care Scarce for Night Shift," states that "the night care need is rampant in [omitted] County, where manufacturing and food plants employ thousands of workers overnight." In another article in The Tennessean, dated

April 10, 1996, and titled "Child Care Crisis Expected to Worsen," Marguerite Sallee, Chairman of the Governor's Task Force on Child Care, said child care for jobs that require working at night, on the weekend, or part time is "largely unavailable." Currently, DHS lists a total of 62 licensed home care providers serving a maximum capacity of 451 children. A DHS resource and referral counselor surmised from the numbers that a substantial amount of care is provided in unregulated and unlicensed homes. With the current child care crisis and greater demand likely in the wake of new state welfare reform, DHS is bracing itself for unprecedented demand for their resource and referral service and an explosion of unregulated care. Of the number of licensed home care providers in this county not one is accredited.

Finally, in documenting the practicum problem the author pointed out that the client corporation itself substantiates the existence of the problem in its offer of grant money to establish a network of quality home care providers.

Analysis of the problem

In view of all the evidence supporting the claim of an inadequate supply of quality home care, the question arises as to why this situation exists. The answer is not simple and mirrors the market issues for the entire child care industry. Market inequities exist that hamper normal responses to increases in consumer demand for both quantity and quality. If unfettered market conditions existed,

then as the demand for child care increased the price of child care would also rise, inducing others to become suppliers. As the supply of child care increased, parents would have a greater selection from which to choose, the price of the service would come more into line with it's true cost. Competition would eventually even out supply and demand and weed out poor quality care.

Perhaps part of the problem is that parents are not well-informed consumers when it comes to knowledge about child development, developmentally appropriate practice, or the cost of quality care. Research indicates that parents do not necessarily visit the home care provider before enrolling their child (Kontos, 1992). Because there is so little child care available, parents cannot be choosy. Providers then have no incentive to become licensed (a first step toward quality) as they will have customers regardless if they are licensed or not. Parents' child care decisions are then often based on cost and convenience which are not in the best interest of the child. When cost and convenience are the issue, the most desirable care then becomes that which is nearest to one's house or job and is the least expensive.

Providers too influence market conditions by subsidizing the cost of care. Research has documented that providers set fees according to what parents can pay and not on what would be a fair wage for their work (Kontos, 1992). Another factor that influences both quantity and quality of care is the supply of available labor. In a county where the unemployment rate is 3.2 %, employers are having difficulty finding enough employees. Child care providers find their opportunity

cost are higher in child care and are induced to take a better paying, less stressful job elsewhere. The implications for the pool of existing providers is that there are fewer providers, and they are perhaps, either dedicated to their work or they are not suited for employers searching for employees in a demanding labor market.

Finally, the author proposed that market conditions truly reflect the value society places on child care and by extension, unwittingly, on children. In a purely economic sense, the value of any goods or services is reflected in it's price as determined by the supply and demand responses of the market place. A major reason supply doesn't increase swiftly to meet the demands for child care is that there is very little to no profit to be made in the business of child care if the program is of high quality and relies solely on parent fees as the source of revenue. A high quality program requires subsidization from an employer, caregiver, or other source.

Other factors that contribute to the existing poor quality of home care providers include (Kontos, 1992):

1. Low wages, long hours, and high stress for home care providers.
2. Low motivation for training as child care is perceived as an extension of mothering.
3. For unlicensed home care providers, suspicion of licensing.
4. Unregulated care means less experience and social support.
5. No incentive for providers to improve who have customers despite licensing.

6. Median family income is higher for unregulated caregivers than regulated providers.

7. Financial disincentives for meeting licensing criteria in that complying with requirements would cost providers (purchase of equipment, training, etc.) and does not translate into more revenue.

In chronicling the practicum problem it was discovered that not one home care provider in the County is accredited. Family day care homes can be accredited through several family day care associations, one of which is the National Association for Family Child Care (NAFCC). According to NAFCC, "The purpose of the Accreditation is to offer professional recognition and consumer distinction to those providers who meet these high standards of quality child care through their consistency and dedication. The Accreditation is intended for those providers who not only meet the child care standards defined by state licensing and registration agencies, but have demonstrated a commitment to reach beyond these minimum requirements to achieve standards of excellence." The process of Accreditation is an excellent vehicle for improving the quality of service provided. However, the writer acknowledges that the Accreditation application fee of $225 is likely a strong deterrent for many providers. Moreover, Accreditation does not translate into higher revenues or other tangible rewards. Accreditation, and licensing to a much lesser degree, are a result of provider self-motivation and desire for professional development. At this time, the significance

of Accreditation is not widely known by the consumer and therefore is not widely used in distinguishing between child care choices.

Chapter III

Goals & Objectives

Goals

The two goals of the practicum project were one, to establish a network of family day home care providers available to the client corporation and two, to create a foundation for the continuous quality improvement of homes in the network. The writer sought to attain these goals through the achievement of the nine objectives listed below.

Objectives

During the 10-week implementation period the following practicum objectives were to be accomplished.

Objective #1. A written resource directory of at least ten family day home providers was to be produced by the end of the 10-week implementation period. The directory was to be made available to all home care provider participants and the client corporation.

Objective #2. One cluster support group of family day home providers, with an identified group leader, was to be formed within the first six weeks of the practicum implementation period. Documentation of at least one meeting of the

support group was to be appended to the practicum report.

Objective #3. By the second week of the practicum implementation period, the first issue of a newsletter for family providers was to be produced and distributed to all licensed home care providers and any unlicensed provider in the network.

Objective #4. An instrument that can be used to assess the quality of individual homes in the network was to be designed and piloted at a minimum of three provider locations by the end of the 10-week implementation period.

Objective #5. The practicum student was to conduct a maximum of 10 on-site training visits by week seven of the implementation period.

Objective #6. A resource list of child care catalogs, educational materials, suppliers and supply catalogs was to be created by the first week of the implementation period and distributed to all network providers.

Objective #7. A resource directory of local training and continuing education opportunities was to be created and distributed to providers within the network by the end of the implementation period.

Objective #8. A post visit questionnaire (survey), designed to provide feedback

from home care providers, was to be created by the second week of the implementation period.

Objective #9. By the end of the implementation period, 100% of network providers were to complete the post visit questionnaire with 80% of providers rating visits as excellent.

Chapter IV

Solution Strategy

Review of existing programs, models, and approaches

Employers are seeking solutions to their employee child care needs. Many large companies, hospitals, etc., have opted for their own child care center designated for their employee use. The company then dictates hours and days of operations based on their employee work schedule. This option is an expensive one and many companies look for alternate ways of helping their employees fill this need in a less financially binding way. Some choose to buy slots at local child care centers, offer vouchers or offer assistance through resource and referral services to aid their employees in their search for care. For most employees, and certainly those at the client corporation, home care providers best suit their child care needs for flexibility and evening or extended hours. The problem for these employees, as delineated earlier, is an inadequate supply of acceptable child care that accommodates their needs. It has been established that there is a shortage of care needed and the writer has examined why this situation exists. In the attempt address the practicum problem several issues were considered that were related to, indeed unique to home care providers, before a solution plan was formalized.

In a child care center, for example, there are many forms of resources and support in terms of training, supervision, program development, staffing, quality

control, and other components of administering and managing the program. Home care providers do not have these "luxuries" and often find themselves wearing several different hats. These roles can sometimes be in conflict. In one instance the home care provider is seen as the nurturing caregiver but, simultaneously must be the business manager and confront parents for late fee payment. Obviously, there are essential differences between the professional life of a home care provider and a caregiver who works at a center. These differences were accurately and succinctly identified in an article in the March 1995 issue of Young Children. In the article, the authors, Jeffrey Trawick-Smith and Laura Lambert list five essential differences. They are as follows:

1. Family child care providers must, at one time, meet the needs of children representing an extremely broad developmental range.
2. Family child care providers work and live in the same space.
3. Family child care providers often care for their own children within their program.
4. Family child care providers must administer and manage their own programs.
5. Family child care providers are among the loneliest and least appreciated of all professionals working with children.

In view of the aforementioned differences, it was necessary when formatting a solution strategy that aimed to increase the quality of care home care

providers offer, to proceed with sensitivity to their unique situations. It was also prudent to consider what is known about family day care, garnered from more than twenty years of research of family day care training programs. In the book, "Family Day Care: Out of the Shadows and Into the Limelight," author Susan Kontos lists the following:

1. Some caregivers do not have enough toys and materials.
2. Larger group sizes are less advantageous for children than smaller ones.
3. It is more difficult to provide quality care for infants and toddlers.
4. The influence of family day care on children is mediated by family influences.
5. Training is a better predictor of caregiver behavior than is education or experience.
6. Most caregivers have substantial experience with children (their own and/or others').
7. Although caregivers have large informal support networks, only a small proportion of them participate in formal networks such as sponsoring agencies and family day care associations.
8. Some caregivers are reluctant to seek training.
9. Caregivers work long hours for low pay.
10. Regulated caregivers provide higher quality care on the average.
11. There is a lack of consensus regarding what professionalism means for family day care.

12. Many caregivers view teaching and mothering as separate functions.
13. Parents do not necessarily visit family day homes before enrolling their child.
14. Many caregivers are frustrated in their relations with parents.
15. There is widespread dissatisfaction with the present regulatory approaches for family day care.
16. When family day care providers get involve in training, they like it.
17. Workshops and home visits are the most common forms of training for family day care providers.

Based on the review of literature and on 21 training programs for home day care providers, the writer concurred with Susan Kontos in her assessment that current findings have yet "to tell us what potential benefits may be and how best to achieve them. Until we have that type of information, we must rely on the results of a few correlational studies in family day care homes revealing positive relationships between caregiver training and both caregiver behavior and child care quality." "Reliance on this research," she continues, "tells us that the more training, the better, and that some training is better than none at all. It cannot tell us the amount of training needed, however, nor can it tell us what and how to train. These questions will only be answered by future research. Programs to train family day care providers must be well suited to the characteristics of the caregivers to whom they are targeted in order to maximize the likelihood of

success."(Kontos, 1992)

There are a variety of ways to address the issue of an inadequate supply of quality home care providers available to the client corporation. Research tells us that workshops and home visits are the most common form of training for family day care providers. What is most imperative in providing training is that it is both accessible and effective. To be accessible is to remove as many barriers as possible that would impede participation. Such barriers would include traveling, substitutes, and loss of income for the provider. Therefore, and for many other reasons, such as the opportunity for observation and environment evaluation, on-site visits seem desirable.

A change in behavior or attitude, an increase in knowledge of child development or where to find and tap into resources and other support systems, all measure to some degree, an increase in quality. Realistically and as research documents (Kontos, 1992), increases in quality due to home visit training, are difficult to measure and often very small. Therefore, going into the planning stage, it is important to recognize the inherent limitations of short term training programs, and plan for specific ways of identifying perceived provider training needs and counselor identified training needs. The plan should also include definite means of adequately addressing them. Key, too, would be the development of a structure for continued quality improvement that would be both attractive to and easily accessible for the provider.

In summary, any strategic solution plan must first, recognize the special needs of home care providers and plan professional development training tailored to the individual needs of the provider. Secondly, the training should be delivered with sensitivity and respect for the provider's position. Third and finally, the plan for increasing quality and establishing a network must be both realistic and desirable (in the eyes of the provider) in terms of expected gains and participation.

Description of solution strategy

As evidenced in the research material previously mentioned, providing training and support to home care providers is a difficult task in that each provider has a unique set of circumstances, requiring an individualized approach. Gains in quality are likely to be small.

In order to form a network of home care providers and develop a structure for continuous quality improvement, the practicum student proposed the following plan. The main components of the plan included soliciting participation in the network project, designing an on-site training program, and developing strategies for ongoing quality enhancement of care provided. The writer outlined the plan below describing step by step how each objective was to be carried out as part of the solution strategy.

The first step in achieving Objective #1, was to solicit participation in the home care network project. All home care providers in the county were to be solicited first by mail via a flyer developed by the practicum student and then

solicited by telephone by the practicum student and other R & R counselors. The mailing list of licensed home care providers was to be provided by DHS. The mailing was to be composed of a flyer that details who, what, when, where, and why of the family home care network project. The flyer was to encourage providers to call the Center for more information and to schedule the training visit. Many providers might have been cautious about "free" training and inviting a total stranger into their house, therefore the student was to follow up mailings with telephone solicitation. Once the writer had conducted a few training visits and had gained the trust and confidence of a few providers, the writer believed that provider word of mouth would encourage others, particularly unlicensed providers, to participate in the network. The writer could schedule up to 15 visits as specified in the grant allocation (see Appendix B) and proposed by the end of the implementation period to garner from that group, ten family home care providers that were willing to participate in the training and network support system.

The plan included the development (by the writer) of an initial intake interview to help determine provider perceived needs and provider concerns prior to the on-site visit. The intake interview was to be conducted by telephone by the practicum student and other R & R counselors. Part of the intake interview was to schedule on-site training visits. In preparation for the training visit, the author was to gather information and resources pertinent to the provider identified training needs.

As the number of participants interested in a cluster support group (Objective #2) reached four to five providers, arrangements for the first meeting were to be discussed. A cohort leader was to be chosen by the practicum student to lead the support group. Forming a cluster group of home care providers with an identified group leader is the foundation for establishing a network that can operate almost independently. The cohort was to furnish home based professionals with much needed support and connection to their colleagues. Selection of the cohort leader was to be based on interest, skills and knowledge of early childhood education and home care, and enthusiasm for the establishment of a support group. Once a cohort was formed and a group leader chosen, the first meeting was to be scheduled. The group leader was to provide documentation of the meeting in the form of the meeting agenda and informal minutes.

The strategy for accomplishing Objective #3, consisted of inviting skilled early childhood educators with a sensitivity or first hand knowledge of home care to contribute to a newsletter for home care providers. The purpose of the newsletter is to provide ongoing support to home care providers. Contributed articles would be selected, edited, and combined in a newsletter format using a desktop publishing software. The newsletter was then to be mailed to all home care providers on the DHS mailing list and any unlicensed providers contacted in the solicitation process.

Using the criteria for accrediting home day care providers and DHS licensing standards, the writer was to develop an instrument that can be used to

assess the quality of the individual homes in the network. As part of the two hour training visit and in conjunction with Objective #4, the writer was to pilot the instrument at a minimum of three provider locations.

The fifth objective was to involve the practicum student conducting a maximum of ten training visits at the provider's location by week seven of the implementation period. Other R & R counselors were to be called upon to conduct additional on-site training visits that fell outside the implementation time frame. The preliminary format of the training visit was to include: observing provider in environment, evaluation of environment and caregiver interactions, discussion period, and sharing of resources for materials, information, further training and professional development.

In order to achieve Objective #6, the writer was to gather local, state, and national information for child care catalogs, educational material, suppliers and supply catalogs, and create a resource list. This list was to become part of the material to be shared during the on-site training visit.

The writer was to contact local professional groups, DHS, colleges and other organizations to formulate the resource directory of local training and continuing education resources. The directory was to be distributed with the network directory at the completion of the implementation period in compliance with Objective #7.

To assess how well the on-site training visits were going, the writer was to devise a post visit questionnaire (Objective #8). The questionnaire was to survey

the provider's opinion of the on-site training program. The provider was to have the option of completing the survey and mailing it to the Center or to report the information to the writer or R & R counselor in a follow up telephone call scheduled specifically for the survey feedback.

Objective #9 involved the practicum student following up with all provider network participants and being on target in meeting the individual provider needs. The writer planned to accomplish this objective through sheer determination and attention to detail. The final steps were to include a compilation of both the post visit survey (Objective #9) and the network directory of home care providers (Objective #1).

At this time, the author perceived only one potential obstacle. It was possible that fewer than ten home care providers would participate in the network because of a lack of interest in training, the small number of possible participants, or the restriction of scheduling visits only during the implementation period. The author's initial response was to plan ahead and closely monitor the schedule of on-site visits and be ready to step up efforts to solicit participants that were both licensed and unlicensed. Beyond that and because the pool of home care providers is small, the author was to continue the solution strategy implementation, collect the data and necessary information, and assemble the network resource directory based on the number of participants realized.

The effectiveness of the solution strategy outlined in the previous pages was to be measured in terms of objective achievement. The solution strategy

would be deemed a success if seven out of nine objectives were met. Evidence of achievement for Objectives 1, 2, 3, 4, 6, 7, and 8 was to be presented in the form of documents created specifically for each objective. These documents were to be appended to the practicum report. The achievement of Objective #6 was to be witnessed through the written weekly log of the monitoring plan and through the achievement of Objective #1. The achievement of Objective #9 was to be measured from the compiled results of the data gathered from the post visit survey.

It was the student's intent to monitor the implementation of the solution strategy through the use of a written log (see Appendix J). The written log was to summarize weekly activities and include periodic observations and a checklist based on the weekly calendar plan (see Appendix A). The log was to begin with the commencement of the implementation activities and be kept in conjunction with the calendar plan. If it was necessary at any point during the implementation period of the solution strategy to incorporate a mid-course adaptation or correction, the writer was to document all necessary information, changes and responses. If something of extraordinary significance arose that would affect the substance of the solution strategy or in any way corrupt the integrity of the practicum, the author was to immediately contact the practicum advisor and consult with him on how to proceed.

Chapter V.

Strategy Employed - Action Taken an Results

The main goals of the implementation period were to form a network of home care providers and create a foundation for continuous quality improvement and support. In Chapter IV, the plan for implementation was presented. The following paragraphs describe the implementation phase, discuss the results of the strategy employed, review the outcome measured for each objective and delineate their achievement.

The practicum student began the implementation period by creating a flyer soliciting home care provider participation in the network project. The flyer (see Appendix C) was mailed to all licensed and registered home care providers in the County. Before much else could occur, several forms critical to the practicum project had to be designed. The three forms, a provider participant intake survey, a program/environment quality assessment survey, and a post visit questionnaire were devised. The grant supervising agency offered for use or adaptation several forms they had successfully employed in the past. The practicum student adapted their version of an intake survey and quality assessment form to fit the needs of this practicum project. The intake survey, called the *Provider Profile and Training Needs Self-Assessment* (see Appendix D) was used to gather substantial background information on the provider in order for the counselor to have an accurate picture of the program and business. Part of the intake form includes a

self-evaluation section and training needs survey that helps the counselor prepare for the visit. The quality assessment tool, called the *Home Visit Response*, (see Appendix E) seemed to be the least overwhelming of a variety of assessment forms explored. For the form to be of value to the provider it had to be easy to read and to understand. It was very important that it was written in language that was not too technical or in any way condescending. Furthermore, it was imperative that the form be comprehensive but also one the counselor could quickly and accurately fill out. All of the forms, the *Provider Profile*, the *Home Visit Response*, and the *Post Visit Questionnaire* were devised on schedule and implemented at each visit.

After the flyer was mailed, three providers called expressing an interest in the project and requesting more information. Nearly all of the rest of the providers were reached through phone solicitation. Further into the implementation phase, a few providers called because of recommendations by other providers who had already participated in the program. The intake survey was filled out on each provider. The first few surveys were mailed to the providers to complete and return but it quickly became evident that it was best to have a counselor fill out the form over the phone. The reason for this change was that several providers did not return their forms in time for their training visit and so the visits had to be rescheduled.

The next focus was on the two hour training format (see Appendix F). The goal of forming a network of quality home care providers and creating a structure for continuous support could be easily undermined if the project were handled in

an invasive and dictatorial manner. It was important to establish a sense of trust and respect for the provider's current business and program. The format for the two hour training visit reflects that attitude. Armed with resources selected in response to the information requested on the *Provider Profile*, the practicum student visited the provider's home. After introductions, a brief tour and review of the purpose and scope of the two hour visit and network project, the practicum student spent time observing and evaluating the caregiver interactions and the environment. A discussion period followed. During this time provider and counselor explored provider needs, concerns, practices, and ideas. The counselor also offered resource materials and other relevant information. The resources included those specific to provider requested material, a resource directory on early childhood equipment as well as material the counselor might identify as needed. In talking with the provider, the counselor stressed the value of the provider's experience and knowledge as a resource to others, should the provider join the support group. It was important for each member of the cohort to see that they are competent and skilled with talents to contribute.

Toward the end of the visit the necessary paperwork was completed. That paperwork included permission for inclusion in the network directory (see Appendix G) and the choice of the provider receiving a full scholarship to a six week statewide training program called Family to Family, or one year paid membership in NAFCC. If the provider preferred, they could fill out the *Post Visit Questionnaire* at that time or mail it. The *Post Visit Questionnaire* (see

Appendix H) was designed to evaluate the training visit, to assess interest in forming a cohort group, and also to gather information pertinent to the needs of the client corporation. After the training visit, the practicum student completed a follow up mail out of additional training resources and information that might be useful to the provider. The resource directory of local training and continuing educational opportunities was included in each mail out.

At the conclusion of the ten visits, the first cohort meeting (the foundation for support and quality improvement) occurred. The hour and a half meeting was held at a provider's home and featured a professional workshop presenter. At the end of the evening the cohort members, convinced of the value of the support group set dates for future meetings. The cohort leader offered her centrally located home as the site for the next meeting.

Two other components for building a support structure for continuous quality improvement are the home care newsletter and resource library. The newsletter, entitled "*Child's Play,*" (see Appendix I) was specifically designed for home child care providers. The newsletter includes articles on child development activities and resources. There is a Question and Answer column, an Idea Exchange, and a Hot Resource Tip section. The newsletter encourages providers to submit their ideas, questions and resource tips. The newsletter was not finished in time to meet the deadline set in the practicum proposal, rather it went out two weeks late.

The resource library was developed as a third component for creating a

structure for continuous quality improvement and support. The resource library includes books and tapes on all facets of early childhood education and family home care. The resources are housed at a library centrally located in Rutherford County.

At the end of the implementation period, the *Network Directory of Home Care Providers* was created and mailed out. The *Post Visit Questionnaire* results were tallied and the weekly written log (see Appendix J) that details the week by week events of the implementation period was completed.

Having described the implementation phase and discussed the results of the strategies employed, the focus now turns toward the outcome measures of each objective and whether the outcomes specified were achieved. The following reiterates the nine objectives as defined in the Practicum Proposal and assesses their achievement.

Objective #1. A written resource directory of at least ten family day home providers will be produced by the end of the 10-week implementation period. The directory will be made available to all home care provider participants and the client corporation.

A resource directory of ten home care providers was created and distributed to the participants and the client corporation. (See Appendix H). Objective achieved.

Objective #2. One cluster support group of family day home providers, with an identified group leader, will be formed within the first six weeks of the practicum implementation period. Documentation of at least one meeting of the support group will be appended to the practicum report.

The cluster support group was successfully formed and an identified group leader named. The first meeting did not occur within the first six weeks of the practicum implementation period due to an insufficient member of participants available for a date between when their scheduled two hour training visit occurred and the end of the first six weeks. See Appendix K for documentation of the support group meeting. This objective was not completely achieved.

Objective #3. By the second week of the practicum implementation period, the first issue of a newsletter for family care providers will be produced and distributed to all licensed home care providers and any non-licensed provider in the network.

The newsletter was produced and distributed as outlined in Objective #3 with the exception that the first issue was two weeks behind in schedule. Objective #3 therefore, was only partially achieved.

Objective #4. An instrument that can be used to assess the quality of individual homes in the network will be designed and piloted at a minimum of three provider locations by the end of the 10-week implementation period.

The assessment tool, called the *Home Visit Response*, was implemented at all of the provider training visits. Objective #4 was achieved.

Objective #5. The practicum student will conduct a maximum of 10 on-site training visits by week seven of the implementation period.

Over fourteen on-site training visits were conducted by week seven of the implementation period, therefore Objective #5 was achieved.

Objective #6. A resource list of child care catalogs, educational materials, suppliers and supply catalogs will be created by the first week of the implementation period and distributed to all network providers.

The resource list (see Appendix L) was created and distributed to all network providers.

Objective #7. A resource directory of local training and continuing education opportunities will be created and distributed to providers within the network by the end of the implementation period.

The resource directory of local training and continuing education opportunities (see Appendix M) was created and distributed by the end of the implementation period.

Objective #8. A post visit questionnaire (survey), designed to provide

feedback from home care providers, will be created by the second week of the implementation period.

The *Post Visit Questionnaire* (see Appendix H) was created by week two of the implementation period.

Objective #9. By the end of the implementation period, 100% of network providers will complete the post visit questionnaire with 80% of providers rating visits as excellent.

100% of network providers completed the *Post Visit Questionnaire* and 100% of providers rated visits as excellent (see Appendix H).

Overall the goals of the practicum project were achieved. The network of family day home care providers available to the client corporation was established and the foundation for continuous quality improvement was set. Although only 7 out of the 9 objectives were completely achieved the missed deadline on the two objectives that were not fully achieved did not significantly affect the outcome of the objectives and their intent. The deadlines set in the proposal stage of the practicum were arbitrary to some degree. It was not until the practicum student was in the actual implementation phase that it became obvious that these deadlines were unrealistic. The implementation period occurred at a time of year unfavorable for preschool program participation. The months of August and September are periods of enrollment and beginning the new "school" year even in

home care programs. Parents often wait until this time period to enroll their child in a home care program. Caregivers are busy with the transition from Summer to Fall and all its implications. Their calendar is not as open for training visit dates as perhaps at another time of year. Difficulty in getting all ten network providers scheduled for visits and then finding a date convenient to most for the cohort meeting proved more difficult than first believed. The newsletter deadline was missed for much of the same the same reason. Vacations and transitions for contributing early childhood educator authors and layout personnel added to the time lag. The deadline changes were the only deviations from the proposed strategy.

In comparing the results of the practicum with other problem solving efforts noted in the literature review some similarities emerge. Research in study after study mentioned in Susan Kontos' "Family Day Care: Out of the Shadows and Into the Limelight," cite these common threads:

1. Some family home care providers are reluctant to seek training.
2. When family day care providers get involved in training they like it.
3. Many caregivers are frustrated in their relations with parents.

The experiences in the practicum concur with these findings. The initial mailing soliciting provider participants did not bring about an avalanche of interest. (It's interesting to note that the mail out did set the stage for phone solicitation. Participants said they had received the flyer and meant to look into it but had not

yet done so.) Providers were reluctant to respond because of the time of year and their busy schedules. They were somewhat suspicious because it was for free and perhaps they were a little intimidated to have their program evaluated by a stranger. Many were reluctant to seek training but when the purpose and scope of the two hour training visit was explained to them, coupled with the many free benefits, the response was very positive. After the two hour visit all but one provider was very enthusiastic about the cohort meetings and additional training. The less than enthusiastic provider had been in the business for 27 years and did not have time for evening meetings nor did she drive after dark. All of the participants enjoyed the training and appreciated the efforts to provide on-site training. Most went to outside training because of the licensing requirement for yearly training hours. The network and support group offers more opportunity for convenient, local training and the providers liked that.

One issue that is common to those who have been in the business four years or less was a frustration over parent relations and communication. Those providers who had been in the business longer had more clearly written policies and previous experience with parents and policy abuse. Therefore, provider communication was less likely to be misconstrued. Caregivers with more years of experience reported feeling less taken advantage of by parents than they did in their first or second year of business. The providers with more years of experience also have the assurance of a waiting list as back up when it becomes necessary to confront a parent on policy abuse. For new providers this luxury does not exist.

In contrast to the literature's finding that some caregivers do not have enough toys and materials, the practicum student found all of the providers had an abundance of toys and materials for the children. The one area most providers were deficient in was sand and water play equipment (because of its perceived messiness). Other than this one important area, the providers had a good supply of toys and materials. What providers lacked was resources for themselves for providing a program and gaining a better understanding of child development. Originally, the resource library developed for the network was to have toys and other more expensive items for home care providers to borrow. But it was obvious from the visits that the resources for the adult's professional development were the most needed. Those resources include child development books, books on curriculum, separation, discipline, parent relations, art, etc., and music cassette tapes.

Chapter VI.

Conclusion - Implications and Recommendations

The next step is to discern and examine what can be learned from the outcomes of the practicum. From the beginning the purpose of the practicum proposal has been two-fold. First, to establish a network and secondly to create a foundation for continuous quality improvement. A brief review of the outcomes of the practicum project acknowledges the formation of a network of family home care providers and a system for enhancing the professional growth of the provider and for improving the quality of care offered in their program. The system includes on-site training and quality assessment, the creation of a resource library, the publication of family home care newsletter and the formation of a network support group. In this undertaking, it is important to understand what worked and what did not. The positive outcomes listed above are evidence of what worked. It is significant to note that providers enjoyed the individualized on-site training. They saw the benefits of the training as:

1. No need to travel to training.
2. No need to find substitutes.
3. No expense.
4. A trained early childhood counselor could see their program and environment and provide feedback.
5. No loss of income.

6. An opportunity to be a part of a network directory made available to the client corporation

7. An opportunity to be a part of a professional support group.

The negative outcomes were missed deadlines originally set in the proposal stage that proved to be unrealistic.

Implications for the future hinge on funding. The question that looms large is how to fund such a network program. Funding could come from the generosity of state resources, grants or from the private sector. State money and grants however, are very limited, difficult to attain and of an uncertain duration. As an alternative, the private sector could provide the funding needed in the following scenario:

> A child care company offers home care network building as one of the services they provide. The client company hires the child care company to set up and maintain a network for their employees.

The following paragraphs outline a *few* of the potential benefits of such a scenario to providers, parents and children, the client company and the child care company supplying the service. For providers, the benefits are not only those mentioned previously, but also the ability to remain in control of their own business while receiving training, support, professional development and career direction along with a connection to valuable resources. Providers might enter

into an agreement to provide x number of slots for client company children in exchange for training support and membership in the network.

Parents and children benefit from small group care and a family like atmosphere that is so important to young children, infants and toddlers. Their home care providers would be more highly skilled, supported, and professional. It is also a plus for parents that the company they work for supports their child care efforts. The formation of the network could begin with parents nominating their current home care provider for consideration. Provider networks could then be organized geographically.

The client corporation would benefit in many ways not the least of which is financial because a network does not require a huge investment of capital. For a company unable to afford other types of child care benefits for its employees, a network is a less expensive option. A company in today's market must be more sensitive to the child care needs of its employees. In using a network service, the client company can offer a child care benefit for employees and reap the benefits associated with employer sponsored child care such as higher employee productivity and morale, and improved employee retention and recruitment. The client company would also benefit from an enhanced image as a community and family minded business that encourages family care.

A child care company that offers home care network building to their repertoire of services would benefit by being able to serve a broader range of clients. The child care company would benefit in that the network could be a

feeder program to their four and five year old preschool and school age programs. (Infant and toddler care is the most expensive type of care to provide because it is labor intensive and the least profitable.) Furthermore, child care companies would benefit in that they already have the management expertise and trained early childhood educators capable of overseeing the networks.

Finally, in as much as the writer believes the private sector could easily fill this market niche, network funding by the private business sector is obviously not the only option. Coming from a for profit background the writer does see it as the most viable long term funding option given the current value society places on child care.

Summarily, the writer recommends the network approach as an excellent way to provide training and improve home child care. The *Post Visit Questionnaire* supports this assessment. One of the questions in the *Post Visit Questionnaire* asks if any part of the consultation or training visit modified what one thought or did. 70% said yes, 20% said no, and 10% did not answer the question at all. Reflecting on the practicum project, the writer understands the enormous task and responsibility of providing effective training for home care providers. Provider needs, skills, and backgrounds are so varied. The fact that 70% thought the training visit modified what they think or do is a fair achievement. That the majority of the providers were excited and interested in forming a support group lends credence to the whole network idea. Susan Kontos stated in her summary on family care research that the more training, the better, but only future

research can tell us what and how to train and the amount of training (Kontos, 1992). The practicum student agrees. In the meantime, small clusters of local support groups in contact with an experienced early childhood educator for added guidance, appears to be a solid approach meriting further exploration.

As a final note, the practicum student will make the results of the practicum available to the client corporation, the grant supervising agency and the writer's employer and supervisors. Copies will be shared with other early childhood educators on the board of the local Association for Young Children. If asked, the writer will share the experience and results in workshops and with other interested parties.

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APPENDIX A

Calendar Plan for Implementation Activities

Appendix A

Calendar plan for implementation activities

All tasks will be completed by the practicum student unless otherwise noted in the narrative of the solution strategy.

Week 1

- Create a flyer for soliciting network participants and mail to all licensed family day care providers.
- Create an intake survey.
- Contact licensed and non-licensed family day care providers by telephone.
- Schedule all visits to fall between the third and seventh week of the implementation period.
- Begin designing a quality assessment tool.
- Begin creating a post visit questionnaire (survey).
- Begin designing format for the two-hour on-site training visit.
- Record weeks' events in log book.

Week 2

- Continue soliciting provider participants by phone.
- Continue to schedule visits.
- Create first issue of the newsletter.
- Complete a quality assessment tool.

- Compose a resource list.
- Begin creating a resource directory of local training and continuing education resources.
- Complete format for two hour on-site training visit.
- Record weeks' events in log book.

Week 3

- Continue soliciting provider participants.
- Continue scheduling visits.
- Complete scheduled visits.
- Conduct a post visit survey.
- Complete a resource directory of local training and continuing education resources.
- Record weeks' events in log book.

Week 4

- Continue soliciting provider participants.
- Continue scheduling visits.
- Complete scheduled visits.
- Conduct a post visit survey.
- If interest warrants, form a cluster group and identify a group leader.
- Schedule meeting for a cluster support group.

- Record weeks' events in log book.

Week 5

- Continue soliciting provider participants.
- Continue scheduling visits.
- Conduct a post visit survey.
- Complete scheduled visits.
- If interest warrants, form a cluster support group and identify a group leader.
- Schedule meeting for a cluster support group.
- Record weeks' events in log book.

Week 6

- Continue soliciting provider participants.
- Conduct a post visit survey.
- Continue scheduling visits.
- Complete scheduled visits.
- Form a cluster support group and identify a group leader.
- Schedule meeting for a cluster support group.
- Record weeks' events in log book.

Week 7

- Complete all scheduled visits.
- Conduct a post visit survey.
- Record weeks' events in log book.

Week 8

- Conduct a post visit survey.
- Begin assembling the network directory of home care providers.
- Record weeks' events in log book.

Week 9

- Continue assembling a provider network directory.
- Begin compiling post visit survey results.
- Record weeks' events in log book.

Week 10

- Complete provider network directory and distribute to providers.
- Complete report of post visit survey results.
- Distribute training resource directory to providers.
- Collect documentation of cohort meeting.
- Record weeks' events in log book.

APPENDIX B

Grant Allocation

Appendix B

Grant Allocation

Home visit training (15 visits at $150/per visit)	$ 2,250
Support system (newsletter, additional training, cohorts)	450
Recruitment and advertising	750
Scholarship fund*	375
Book, video lending library	320
Total	$ 4,145

* Providers who participate in the home visit training program may choose between a $20 membership to NAFCC or paid tuition to attend the Family to Family Project training ($25 per participant) which is a six-week long training program.

APPENDIX C

Flyer for Soliciting Provider Participants

CorporateFamily

Appendix C

Formerly Corporate Child Care/CCCM

July 16, 1996

Dear Home Care Provider,

My name is Donna Murphy and I am working on my Masters' degree in early childhood education and administration. Part of my studies includes the project talked about in the accompanying flyer. One of my goals is to form a network of home care providers and I would like to include you in that network. Right now you may be asking yourself how does this benefit me or will it cost me anything. First let me assure you that it will not cost you anything. The Home Care Network Project is funded by a grant from the Whirlpool Corporation. Whirlpool employees are in need of good home care for their children and so a copy of the Network Directory would be made available to the company's employees at the end of the project.

How do you benefit? Here are several ways:

1. **Free training.** You tell us what training or information you would like and we will do our best to provide it, tailored to your needs. We will also help you identify training needs. Some examples include parent relations, activities to do with toddlers, financial questions, etc. Our session will last two hours. ***The training has been approved by the Department of Human Services to count toward the yearly minimum training hours required for licensing.***

2. **Training in your home scheduled at your convenience.** You do not have to find a substitute or leave your home.

3. **Ongoing support.** After the two hour session in your home, you will have the opportunity to be a part of a support group of other home care providers in your area. The support group will meet (as often as desired by the participants) to share ideas, concerns, and experiences.

4. **Free newsletter.** The newsletter is filled with helpful ideas and hot tips for free resources and training opportunities. You can also share *your* ideas in the newsletter.

5. **Your choice of membership in NAFCC or paid tuition to attend the Family to Family Project training.** We pay your membership for one year in the National Association for Family Child Care, a professional organization for home care providers or we pay your tuition for further training in the Family to Family Project.

HOME OFFICE 209 Tenth Avenue South, Suite 300, Nashville, Tennessee 37203-4174
Phone 615 256 9915 Fax 615 254 3766

You may be wondering why someone would want to spend two hours at your home giving you free training and support and then rewarding you with a membership in a professional home care association? The answer is straight forward. Rutherford County has experienced tremendous growth and there are not enough quality home care providers and day cares to meet the demand for child care. Our goal is to create a list of interested home care providers, give them training and support and let Whirlpool parents know of their services.

The bottom line is it will not cost you anything and it doesn't obligate you to do anything more. There are many parents out there looking for quality home care for their children and we would like to include your service in our directory so parents can more easily find care.

If you are interested in being a part of the Home Care Network Project, call me in Nashville at 1-800-356-7633. Please leave a message on the answering machine if I am on the other line and I will call you back.

I hope to hear from you soon!

Sincerely,

Donna L. Murphy

Donna L. Murphy

Home Child Care Network

Funded by the Whirlpool Corporation

As a provider of Child Care YOU
are invited to be a part of a NETWORK of folks just like yourself...

Child Care Choices - a referral service for Whirlpool is offering free training opportunities to Family Day Homes, Group Day Homes & Registered Homes.

Home Child Care Training
Two hours free training in your home that counts toward DHS' minimum yearly training hours.

Topics include:

- *Home care environments*
- *Ideas of things to do with children*
- *Managing finances*
- *Working with parents*
- *Creating policies for your home care business*

ADDITIONAL SERVICES

As a way of saying thank you for participating in our training network program we are offering to you:

- A directory of participating home care providers.
- A resource list of child care catalogs for supplies & educational materials.
- A directory of professional organizations that can provide resources for quality child care.
- An opportunity for you to participate in a support group of your peers.
- Membership in NAFCC or paid tuition to attend Family to Family training.

For registration information please call Donna Murphy at 352-6097 in the Nashville area.
1-800-356-7633 for long distance calls.

APPENDIX D

Provider Profile and Training Needs Self-Assessment

Child Care Choices
A Service of Corporate Family Solutions
5701 Knob Road
Nashville, TN 37209

Provider Profile & Training Needs Self-Assessment

Home Care Network Project
Funded by Whirlpool Corporation

Provider Information:

Provider's Name: _____

Address: _____

_____

Circle type of Home Child Care: FDCH GDCH RDC

Daytime Phone Number: _____

Evening Phone Number: _____

Best Time to Call: _____

Training Information:

Hours of Operation: _____ Days of Operation: _____

How many children do you serve daily? _____

What are their ages? _____

Do you have access to a VCR? _____

Are any of your families Whirlpool employees? _____

What are three strengths or unique aspects about your day care home?

_____

_____

_____

How would you rate yourself on the following areas?

1 - poor 2 - good 3 - excellent

____ discipline and guidance

____ child development knowledge

____ nutrition knowlegde

____ school age program

____ record keeping

____ written contracts

____ infant equipment

____ interviewing skills

____ safety and sanitation

____ parent communication

____ career support

____ program planning

____ special needs children

____ tax records

____ policy enforcement

____ promoting self esteem

____ creating activities

____ child social development

Do you have any concerns about your business? _____

If yes, please list _____

_____

What goals would you like to set for yourself/your business for next year?

_____

_____

Please circle three areas you are interested in receiving information/training:

Furnishings for routine care and learning	Child-related display
Furnishings for relaxation and comfort	Indoor space arrangement
Active physical space	Diapering and toileting
Personal Grooming	Art Materials
Music and Movement	Sand and Water Play
Dramatic Play	Use of television
Supervision of Play	Tone (atmosphere)
Discipline	Managing Finances
Working with parents	Creating a policy handbook

Informal usage of language
(Talk between children & provider, encourage talking in children)

Helping children understand language
(Lots of books, clarification about objects & activities, use of library)

Helping children reason
(Games, talk about shapes and sizes, encourage child to see results and sequence of activities)

Eye-Hand Coordination Materials
(Peg boards, building toys, puzzles, crayons)

What areas not listed above would you like information on? _____

_____

On the back of this form please write out directions from Nashville to your home. Please include "landmarks" to watch for such as McDonald's, Krogers, WalMart, etc., so we know were going the right way. Thank you!!

APPENDIX E

Home Visit Response

HOME VISIT RESPONSE

Appendix E

THANK YOU FOR PARTICIPATING IN THE HOME CARE NETWORK. PLEASE FIND THE RESULTS OF YOUR VISIT BELOW. THE RATING SCALE GOES FROM ONE TO SEVEN WITH 1=INADEQUATE , 3=MINIMAL, 5=GOOD, 7=EXCELLENT.

FURNISHINGS FOR ROUTINE CARE AND LEARNING RATING_____
COMMENTS

_____

_____

FURNISHINGS FOR RELAXATION AND COMFORT RATING_____
COMMENTS

_____

_____

CHILD-RELATED DISPLAY RATING_____
COMMENTS

_____

_____

INDOOR SPACE ARRANGEMENT RATING_____
COMMENTS

_____

_____

ACTIVE PHYSICAL SPACE RATING_____
COMMENTS

_____

_____

SPACE TO BE ALONE RATING_____
COMMENTS

_____

_____

DIAPERING & TOILETING RATIN ;_____

COMMENTS

_____ ____

_____ ____

INFORMAL USE OF LANGUAGE RATING_____

COMMENTS

_____

_____

HELPING CHILDREN UNDERSTAND LANGUAGE RATING_____

COMMENTS

_____

_____

HELPING CHILDREN USE LANGUAGE RATING_____

COMMENTS

_____

_____

HELPING CHILDREN REASON RATING_____

COMMENTS

_____

_____

EYE-HAND COORDINATION MATERIALS RATING_____

COMMENTS

_____

_____

ART MATERIALS RATING_____

COMMENTS

_____

_____

MUSIC AND MOVEMENT MATERIALS RATIN: _____
COMMENTS

_____

_____

SAND AND WATER PLAY RATING_____
COMMENTS

_____

_____

DRAMATIC PLAY RATING_____
COMMENTS

_____

_____

USE OF TELEVISION RATING_____
COMMENTS

_____

_____

OTHER AREAS DISCUSSED:

YOU LISTED THE STRENGTHS OF YOUR DAY CARE HOME AS BEING:

_____
_____
_____
_____

THE AREAS YOU RATED YOURSELF LOWEST IN WERE:

_____
_____
_____
_____

YOUR AREAS OF CONCERN WERE:

_____
_____
_____
_____

THE TRAINING /RESOURCE INFORMATION WE DISCUSSED WAS: Home Care Network 70

ADDITIONAL COMMENTS

SUPERVISION OF PLAY COMMENTS RATING_____

TONE (ATMOSPHERE) COMMENTS RATING_____

DISCIPLINE COMMENTS RATING_____

WRITTEN POLICIES COMMENTS RATING_____

FIRST IMPRESSIONS

ENVIRONMENT

TELEPHONE -

YARD -

EXTERIOR -

ENTRY AREA -

INTERIOR (FIRST GLANCE) -

PROVIDER

APPEARANCE -

GREETING -

INTERACTION/REACTION

CHILD TO PROVIDER -

PROVIDER TO CHILDREN -

THANK YOU FOR INVITING ME INTO YOUR HOME. ALTHOUGH YOU HAVE A QUALITY ENVIRONMENT FOR CHILDREN, THERE ARE SOME CHANGES THAT COULD BE MADE TO BENEFIT YOUR BUSINESS. LISTED BELOW ARE THE AREAS OF YOUR FAMILY DAY CARE HOME WHERE MODIFICATIONS COULD BE MADE. WHETHER OR NOT YOU CHOOSE TO MAKE THEM IS ENTIRELY UP TO YOU, THEY ARE ONLY SUGGESTIONS.

_____PLAY EQUIPMENT

_____SAND AND WATER PLAY

_____OUTDOOR AREA

_____LANGUAGE MATERIALS AND USAGE

_____SPACE ARRANGEMENT

_____DIAPERING AREA

_____FURNISHINGS FOR CHILDREN

_____CHILD RELATED DISPLAYS

_____ART MATERIALS AND ACTIVITIES

_____MUSIC AND MOVEMENT ACTIVITIES AND MATERIALS

_____DRAMATIC PLAY

_____SUPERVISION

_____TONE

_____DISCIPLINE

_____WRITTEN POLICIES

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT ME AT 1-800-356-7633.

APPENDIX F

Two Hour Training Format

Appendix F

On-Site Training Format

- Introduction and brief overview of the 2 hour on-site training visit, explaining the purpose and scope of the visit and the network program. Tour home care area.

- Approximately 45 minutes are spent observing and filling out the *Home Visit Response* form which is the assessment tool designed to provide feedback to home care providers concerning their program and facility.

- Approximately one hour is devoted to discussing provider identified training needs gathered from the *Provider Profile & Training Needs Self-Assessment* and counselor identified training needs garnered during the observation time. Resources are shared with provider.

- In the winding down phase of the 2 hour session the counselor and provider fill out the necessary paperwork for inclusion in the network directory, for the scholarship for further training or paid membership in the professional association, and cover instructions regarding the post visit questionnaire.

- Items to keep in mind:

  Flexibility is key. Because this is on-the-job training, the children in care are priority. Discussion time should take place at nap time or intermittently as care routines permit. Observation time and discussion time can be intertwined. The training visit should be as non-intrusive as possible and informally and comfortably conducted. Each provider's training must be tailored to fit their needs and their environment.

APPENDIX G

Network Directory of Home Care Providers

&

Permission Form for Inclusion in the Network Directory

Appendix G

Rutherford County Home Care Network Directory		
Provider Name & Address	**Ages Served, Hours & Days**	**Service Type & Telephone**
Vickey Brown 6818 Scenic Drive Murfreesboro, TN 37129	6 weeks to 5 years old 7:00 am to 5:30 pm M-F	Group Day Care Home (615) 459-5047
Phyllis Campbell 7998 Del Thomas Road Smyrna, TN 37167	6 weeks to 5 years old 7:00 am to 6:00 pm M-F	Registered Day Care Home (615) 355-6569
Patsy Cordell 768 Baker Road Smyrna, TN 37167	6 weeks to 12 years old 6:30 am to 5:00 pm M-F	Family Day Care Home (615) 459-3123
Sally Council 5420 Ellis Place Murfreesboro, TN 37129	6 weeks to 12 years old 6:00 am to 6:00 pm M-F	Registered Day Care Home (615) 890-7907
Geri McCulloch 1631 Lewis Circle Murfreesboro, TN 37129	12 months to 3 years old 6:00 am to 6:00 pm M-F	Registered Day Care Home (615) 893-6883
Brenda Russell 1406 Leaf Avenue Murfreesboro, TN 37130	6 weeks to 5 years old 7:00 am to 5:15 pm M-F	Family Day Care Home (615) 896-0085
Viletta Richardson P.O. Box 1234 Smyrna, TN 37167	6 weeks to 12 years old 6:00am to 5:30 pm M-F	Group Day Care Home (615) 355-4635
Doris Todd 1214 W. Northfield Blvd Murfreesboro, TN 37129	36 months to 5 years old 7:00 am to 4:30 pm M-F	Group Day Care Home (615) 896-9540
Kitty Walker 8471 Rocky Fork Road Smyrna, TN 37167	18 months to 4 years old 7:00 am to 5:30 pm M-F	Registered Day Care Home (615) 355 5479
Jackie Weeks 2664 Birdsong Avenue Murfreesboro, TN 37129	6 weeks to 12 years old 6:00 am to 5:00 pm M-F	Family Day Care Home (615) 898-0476

CHILD CARE CHOICES
5701 Knob Rd.
Nashville, TN 37209

Provider's Name:

Address:

Phone Number:

Would you be willing to be included in our Family Child Care directory? _____(yes) _____(no)

Scholarship Choice:

_____National Association of Family Child Care Membership

_____Scholarship to Family to Family

_____(Provider) _____(Date)

_____(Counselor)_____(Date)

APPENDIX H

Post Visit Questionnaire

APPENDIX I

Newsletter - "Child's Play"

CHILD'S PLAY

FIRST ISSUE | Home Care Network Newsletter | FALL 1996

The Home Care Network Newsletter

Welcome to the first issue of the Home Care Network Newsletter! This newsletter is for home care providers and is funded by the Whirlpool Corporation for the Home Child Care Network Project.

The newsletter is specifically designed for home child care providers and filled with ideas and suggestions for home child care. Each issue features different articles on child development, activities and resources. There is a ***Questions* & Answers** section where your concerns can be addressed. There is also a section called **Hot Resource Tip** for free or low cost resources and one called **Idea Exchange** where providers and other early childhood educators can share their own expertise and knowledge.

The purpose of this newsletter is to offer access and support to a network of home care providers and connections to resources for providing quality child care. The newsletter is free of charge. Your comments and suggestions for future issues are welcome. Please call 352-6097 in the Nashville area or 1-800-356-7633 for long distance calls. Hope you enjoy the newsletter!

Sincerely,
Donna Murphy, editor and Project Coordinator

Making Space

Shared space is a particular concern for home child care providers because providers work and live in the same space How can one offer a variety of activities and choices when space is restricted or serves a dual purpose: the family kitchen table is the art area? Organization and simplicity are the key.

One way to organize activities and offer a variety of choices is to have activity boxes. Gather items for a particular activity and find a box (with a lid) just large enough to hold all of the items associated with the activity. For example, a play dough box would contain play dough, cookie cutters, a rolling pin, straws, and an old plastic table cloth. Label the box with pictures and words. The labels will help preschool children when its time to choose or clean up an activity. Create several boxes. Some box ideas are:

Stamp box	Beauty shop box
Zoo box	Water play box
Art box	Science box
Plastic Food box	
Transportation box	

The contents of the boxes are only limited to your imagination. Ask parents for items they might discard like a broken hairdryer. Cut the cord off at the base of the blowdryer and you have a great item for the Beauty shop box. Add a few sponge rollers and you have the beginnings of a wonderful dramatic play day with your group and you as the beauty shop client! Depending on the children's interest, different boxes can be brought out each day and others retired to storage. Part of the day's routine could be setting up and closing the day's activities.

Questions & Answers

Q: Most of my parents are prompt in picking up their children, although, one in particular is not and is constantly late. How do I tell the parents without hurting the relationship I have with them that their lateness needs to stop? It's very inconvenient for my family especially when we've made plans for a family outing.

A: Your question is a good one and is one we have all faced or will face sooner or later. As you have experienced first hand, it's very difficult to be in the position of both a care provider and policy enforcer. Nevertheless, it is one

of the realities of home care.

First it's important to have clear, written policies. Parents should also sign a statement upon enrollment that states they have read and agree to these policies. In the case of a late pick up, a late fee policy ($1 per five minutes) can help curtail most tardy parents as long as the policy is regularly and consistently enforced.

Inevitably there will still be an occasional parent who will abuse the policy. If the parent is consistently late and the late fees aren't discouraging their behavior, then its time to talk with the parent. Once again early groundwork is essential, this time in the form of open and ongoing communication.

Open communication should be cultivated from the very first meeting. Communication enables a true partnership with parents in caring for their children. As intimidating or uncomfortable talking with parents about policy abuse can seem, if it is handled promptly and tactfully, everyone will benefit and the air will be cleared.

You should approach your parent with the attitude of doing what's best for their child. A child who is constantly picked up late may feel unimportant or neglected. The best part of the day is seeing the faces of the ones they love and sharing the events of the day with them. Parents too must understand that you have a family that needs you at the end of the day and at the designated time, your place of business becomes your private home.

Q: My space is very limited and I'm working toward improving the care I offer but I can't seem to find an area in my house to use as a quiet area. What suggestions do you have?

A: Congratulations on your efforts to improve your program and your insight into the need for a quiet area for children. Space issues are often a concern for home care providers. You are not alone. Fortunately children love small cozy spaces best. You can create these places as easily as throwing a blanket over a kitchen table and putting some pillows underneath or discover them by adding a pillow or two and a basket of books to any nook or cranny in your house. A discarded appliance box or two and a basket of books might be a place for quiet contemplation. Take your cue from your children. They have a special knack for finding quiet places!

HOT RESOURCE TIP

The Nashville Area Association for the Education of Young Children has a lending library for training videos and curriculum and program books. They also have a laminating machine. For more information and hours of availability call [illegible]

Idea Exchange

Preschoolers can learn all kinds of math concepts by just "helping" with ordinary household chores. While folding laundry children can match socks (a one-on-one correspondence activity). A sorting activity emerges from separating laundry to lights, whites, darks, towels, etc.

From Sally Council of Rutherford County

Here's a simple yet efficient idea for washing up infants & toddlers before snack or meal times.

1) Prepare a quart size bucket (very small) with warm water & Baby Magic soap (doesn't irritate skin or burn eyes).
2) Wash each child's hands and face using an individual washcloth. Place "used" washcloth in "to be washed" laundry pile.
3) The key is to only wet the washcloth once in the bucket, keeping the water uncontaminated for the next child.

What a great idea!
Thanks Sally!

MUSIC and Movement

by Cathy Wear

Music and movement in the early learning years is a lot of fun!! The children love it and as

an Early Childhood Educator you will too. Young children love to sing! When choosing songs for your young children, pick songs that have hand movements and/or body movement. This sparks their interests, motivates them to participate, and holds their attention longer than just singing alone.

Movement can be just as fun. Just put on a tape and start dancing! You can march around the room, walk like a monkey, hop like a bunny or anything else you can think of! Young children love to copy your movements and you can observe some of their large motor development, such as: can you stand on one foot, can you jump up and down, can you walk backwards, can you gallop?, etc.

If you feel silly while singing, dancing or leading a simple game of Simon Says (no one is "out"), then you are probably doing great!! The more silly you feel, chances are the more your children are enjoying it!

Here are a few songs and fingerplays to try:

The Wheels on the Bus, The Itsy Bitsy Spider, Where is Thumbkin?, all of these are traditional songs. Here are some fingerplays to try:

Popcorn

Pop, pop, pop (pat legs with each pop)
Pop, pop, pop(clap hands with each pop)
Pour the corn into the pot. (pantomime pouring motion)
Pop, pop, pop(pat legs with each pop)
Pop, pop, pop(clap hands with each pop)
Shake it, shake it, till its hot! (Pantomime shaking a pot)

Pop, pop, pop(pat legs with each pop)
Pop, pop, pop(clap hands with each pop)
Lift the lid, and what have you got?
(Pantomime lifting lid and eating popcorn)

Pop, pop(pat legs)
Pop, pop(clap hands)
Pop, pop (pat shoulders)
Corn! (throw hands in the air)

Shake Your Hands

Shake, shake, shake your hands as slowly as you can.
Shake, shake, shake your hands as slowly as you can.

Clap, clap, clap your hands as slowly as you can.
Clap, clap, clap your hands as slowly as you can.

Roll, roll, roll your hands as slowly as you can.
Roll, roll, roll your hands as slowly as you can.

Wiggle, wiggle, wiggle your fingers as slowly as you can.
Wiggle, wiggle, wiggle your fingers as slowly as you can.

Pound, pound, pound your fists as slowly as you can.
Pound, pound, pound your fists as slowly as you can.

(Say the first of each movement slowly then very fast the second time to speed up the movement. You can also add your own movements!)

For Your Library Corner:

The following is a list of books and their authors that might be of interest to parents and child care providers for ages infants through the primary grades. Most of these books are award winning, all are highly recommended.

Little Monster at School	Mercer Mayer
The Little Mouse	Don & Audrey Wood
Red Ripe Strawberry	Don & Audrey Wood
The Very Hungry Caterpillar	Eric Carle
In The Night Kitchen	Maurice Sendak
I'll Teach My Dog 100 Words	Michael Frith
Curious George	H. A. Rey
The Puppy Book	Jan Pfloog
Clifford The Big Red Dog	Norman Bredwell
White Snow Bright Snow	Alvin Tresselt
Our Granny	Maryaret Wild
The Zoo Book	Jan Pfloog
The Snowy Day	Ezra Jack Keats
Corduroy	Don Freeman
The Runaway Bunny	Margaret Wise Brown
My Puppy	Patsy Scarry
The Little Engine That Could	Watty Piper
Tuesday	David Welsner
A Kiss For Little Bear	Else Holmelund Minarik
The Little House	Virginia Lee Burton
Stone Soup	Ann McGovern
The Polar Express	Chris Van Allsburg
Seven Blind Mice	Ed Young
Heckedy Peg	Audrey Wood
Goodnight Moon	Margaret Wise Brown
Phone Book	Jan Pienkowski
Crow Boy	Taro Yashima
The Talking Eggs	Robert DeSan Souci
The Foot Book	Dr Seuss
The Puppy Who Wanted A Boy	Jane Thayer
The Listening Walk	Paul Showers
Why The Sun and The Moon Live in the Sky	Elphinstone Day
Mirand and Brother Wind	Patricia C. McKiss
Anansi The Spider	Gerald McDermott
When I Was Young in The Mountains	Cynthia Rylant
In The Forest	Marie Hall Ets
Where The Wild Things Are	Maurice Sendak
The Kitten Book	Jan Pfloog
Harry THe Dirty Dog	Gene Zion
The Giving Tree	Shel SilverStein
One Fish, Two Fish, Red Fish, Blue Fish	Dr Seuss
Polar Bear, Polar Bear, What Do You Hear	Bill Martin Jr.
Big Mama's	Donald Crews
I Was So Mad	Mercer Mayer
Miretter On The High Wire	Emily Arnold McCully
Free Fall	David Wiesner
Jumanji	Chris Van Allsburg
Big Red Barn	Margaret Wise Brown
The Black Snowman	Phil Mendez
Frederick	Les Leonni
The Salamander Room	Ann Maz
Mike Mulligan and his Steam Shovel	Virginia Lee Burton
Tough Boris	Mem Fox
Lon Po Po	Ed Young
Sheila Rae, The Brave	Kevin Henkes
Brown Bear, Brown Bear, What Do You See	Bill Martin
Whistle For Willie	Ezra Jack Keats
Song and Dance Man	Karen Ackerman
Sylvester and the Magic Pebble	William Steig
Ming Lo Moves The Mountain	Arnold Lobel
Strega Nona's Magic Lessons	Tomie dePaola
Grandfather's Journey	Allen Soy
Rachel Parker, Kindergarten Show Off	Ann Martin

RESOURCES

The Smyrna Library has graciously agreed to house the latest books & resources for home care providers and early childhood education. Resources run from music tapes to books on art, discipline, separation, curriculum and more. Check it out!

Caring for Children in Family Child Care	Colker, Dodge & Koralek
Tips & Tidbits A book for Family Day Care Providers	JAnet Gonzalez-Mena
Family Day Care: Out of theShadows and Into the Limelight	Susan Kontor
Separation	Kathe Jervis
Common Sense Discipline	Lois Dewsnap
How to Generate Values in Young Children	Sue Spayth Riley
Don't Move the Muffin Tins	Bev Bos
Character Development	Polly Greenberg
Transition Time	Jean Feldman
The Kindness Cirriculum	Judith Anne Rice
More Piggyback Songs	Jean Warren
Preschool Art	MaryAnn Kohl
1-2-3 Games	Jean Warren
Please Don't Sit on the Kids	Clare Cherry
Games to Play with Two Year Olds	Jackie Silberg
How toStart a Family Day Care Program	Modiglianii, Reiff, & Jones
Opening Your Door to Children	

MUSIC & MOVEMENT TAPES

Sally the Swinging Snake	Hap Palmer
On the Move with Greg & Steve	Greg & Steve
Toddlers on Parade	Kimble
Piggyback Songs	Jean Warren

Family Day Care Rating Scale	Richard M. Clifford
Dribble Drabble	Deya Brashears
The Right Stuff for Children Birth to 8	Bronson
A Guide to Discipline	Jeanette Galambos Stone
Caring	Rita Warren
More Dribble Drabble	Deya Brashears
Teacher - Parent Relationships	Jeanette Galambos Stone
The Block Book	Elisabeth S. Hirsch
More Games to Play with Toddlers	Jackie Silberg
Toddlers Together	Cynthia Catlin
The Preschool Calendar	Sherrill B. Flora
Piggyback Songs for Infants & Toddlers	Jean Warren
1-2-3 Colors	Jean Warren

We All Live Together	Greg & Steve
Holidays & Special Times	Greg & Steve
Walter the Waltzing Worm	Hap Palmer

CHILD's PLAY

HOME CARE NETWORK NEWSLETTER

Child Care Choices
5701 Knob Road
Nashville, TN 37209

APPENDIX J

Weekly Written Log

Appendix J

Implementation of the Solution Strategy

Written Log

Week 1

A flyer was created for soliciting home care providers for participation in the network and training program. The flyer was mailed to all licensed and registered home care providers in Rutherford County. The intake survey, called the *Provider Profile & Training Needs Self-Assessment*, was designed. Its needs assessment content is an adaptation, with permission, of a form used by the agency that oversees the grant fund. Some providers were contacted by phone on Friday but still had not received the flyer, therefore further phone calls were rescheduled to later the next week. One provider called our office to schedule a visit after she received our flyer. Began designing the quality assessment tool and the post visit questionnaire. Also began work on the format for the two-hour on site training visit.

Week 2

The quality assessment tool, now called the *Home Visit Response*, is ready to use. It too is an adaptation of a form used by the grant supervising agency. The newsletter, "*Child's Play,*" is nearly completed. Writer, editing and layout deadlines did not jell therefore printing is delayed for two weeks. The first issue will be a Fall Issue instead of Summer Issue. The resource list is compiled. A directory of local training and continuing education resources is begun. The format for the two hour on-site training visit is complete. Our efforts continue to solicit provider participants by phone and to schedule visits.

Week 3

We have a total of five visits scheduled at this time. Many participants are initially reluctant and suspicious but agree to the visit since they will receive for free badly needed training hours that have been approved by DHS. We have had greater success by phone solicitation rather than waiting on providers to call us to schedule a visit. First visit completed. Whew!! Post visit questionnaire

completed. One down, nine to go. The resource directory of local training and continuing education resources is completed.

Week 4

We are continuing to solicit provider participants and scheduling visits. No need to schedule or form cluster group as yet. All scheduled visits conducted and post visit questionnaires completed. Newsletter printed.

Week 5

We now have a total of ten scheduled visits with more requests by other providers due to word of mouth. The provider feedback has been very supportive of the network idea and the on-site training. The providers are excited about forming cohort groups for continued professional support. Two more visit and surveys completed this week. Decided to postpone cluster (cohort) group formation until next week when all visits should be completed. Newsletter mailed.

Week 6

Two provider participants canceled their scheduled visits. One is rescheduled for Week 8. The other one can not have a visit until next month which means we will have to solicit another provider for participation during the implementation period of the practicum. Good thing we have "alternates" to take the place of the one who had to cancel. Three visits and post visit surveys completed. Cohort group is formed but meeting is not scheduled until the last visit for Week 8 is completed. Cohort Leader is identified.

Week 7

All visits and surveys, except one, are completed. Informed the Practicum Advisor of delay. Delay should not alter practicum outcomes in any relevant way.

Week 8

Final visit and survey conducted. Cohort group meeting is scheduled for Week 10. Began assembling the network directory of home care providers.

Week 9

Finished compiling network directory and post visit survey results.

Week 10

Distributed network directory and training resource directory to providers at cohort meeting, and by mail for those unable to attend. Documented cohort meeting. Great success!!! Implementation phase is completed.

APPENDIX K

Documentation of Support Group Meeting

Post Visit Questionnaire

Name: _____

1. We are interested in receiving your feedback on the consultation/training visit. Please rate the following items on a scale of 1 to 3. (1=unsatisfactory, 2=satisfactory, 3=excellent)

A. Professionalism of Counselor	1	2	3	100% excellent
B. Helpfulness of Discussion	1	2	3	90% excellent 10% satisfactory
C. Usefulness of Material	1	2	3	100% excellent

2. Did any part of the consultation or training visit modify what you think or do?
   90% yes 20% no 10% no response
3. What other material, information, training, or resources might we provide that would be helpful?
   art, music, room arrangement
4. Would you reccommend this consultation/training program to others?
   100% yes
5. Do you have a friend who might be interested in being part of our network?
   60% yes 40% no
6. Are you interested in providing night care?
   70% no 30% possibly in the future
7. Are you interested in providing backup emergency care?
   50% yes/maybe 20% no response 30% no
8. Would you like to receive our newsletter designed specifically for home day care providers?
   100% yes
9. Are you interested in meeting with other home day care providers to form a discussion and support group?
   90% yes 10% no
10. Do you have any other comments or suggestions?
    60% no

the other 40%

a) Great meeting, very helpful.
b) No - I feel the information given has been very beneficial.
c) I'm very glad to meet Donna & get support in the form of the newsletter and any other training.
d) Donna was very nice and friendly. She offered help in any area needed. The only thing I needed was more ideas for art and she sent a lot of things to do. I think this would have been great to be involved in when I was new in day care. Donna was also right on time arriving which I appreciated.

BEST COPY AVAILABLE

Appendix K

Cohort Meeting

Minutes & Agenda

Agenda

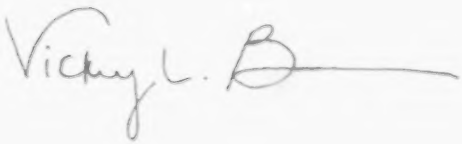
I. Informal gathering and introductions
(Coffee, tea and dessert served)

II. Discussion of the purpose of the cohort group and introduction of workshop presenter

III. Art and Music Workshop by Joyce Garton

IV. Choose tentative date(s) for future cohort meetings

Minutes: The first Home Care Network meeting was held at the home of Vickey Brown. In attendance were the hostess, Patsy Cordell, Joyce Garton, Geri McCulloch, Donna Murphy and Kitty Walker. Joyce Garton presented a workshop on Art and Music. Vickey Brown offered her place for the site of the next meeting. Resources to be placed at the Smyrna Library were previewed by the group.



APPENDIX L

Resource List of Educational Suppliers

Sources for Early Childhood Education Equipment

ABC School Supply, Inc.
3312 N. Berkeley Lake Rd.
P.O. Box 100019
Duluth, GA 30136-9419
(800)669-4222

American Library Association Books
50 East Huron Street
Chicago, IL 60611
1-800-545-2433

Beckley-Cardy
1 East First St.
Duluth, MN 55802
1-800-227-1178

Child Craft
2920 Old Tree Dr.
Lancaster, PA 17603
1-800-631-5652

Community Playthings
Route 213
Rifton, NY 12471
(914) 658-3141

Constructive Playthings
1227 East 119th St.
Grandview, MO 64030-1117
1-800-448-4115

Discount School Supply
P.O. Box 670
Capitola, CA 95010
1-800-627-2829

Discovery Toys
400 Ellinwood Way Suite 300
Pleasant Hill, CA 94523

Environments
P.O. Box 1348
Beaufort, SC 29901-1348
1-800-EI-CHILD

Gryphon House
P.O. Box 275
Mt. Ranier, MD 20712
1-800-638-0928

Kaplan School Supply Corp.
P.O. Box 609
Lewisville, NC 27023-0609
1-800-334-2014

Lakeshore Curriculum Materials
2695 E. Dominguez St. Box 6261
Carson, CA 90749
1-800-421-5354

APPENDIX M

Resource Directory of Local Training and Continuing Education

Appendix M

Resource Directory of Local Training and Continuing Education Opportunities

Family to Family Project
Kathi Witherspoon
(615) 383-4910

TAEYC Conference '96
October 24-25, 1996
(615) 646-2934

NAFCC Accreditation
P.O. Box 161489
Ft. Worth, TX 76161
(815) 831-5095

Tennessee State University TECTA
330 10th Avenue, North - Box 141
Nashville, TN 37203
Janice Carter-Lovell (615) 963-7224

Early Childhood Education
Conference '97
Traci Cole (615) 741-1511

Nashville Area Association for the
Education of Young Children
1701 21st Avenue S., Suite 406
Nashville, TN 37212
Jean Voorhees (615) 383-0886

NAAEYC Membership Meeting
& Caregiver Training
Next quarterly meeting:
September 21, 1996
(615) 383-6292